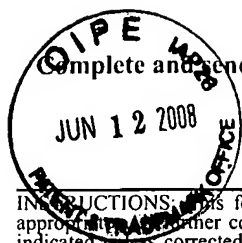


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
P.O. Box 1450
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or Fax (571)-273-2885

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Chief Intellectual Property Counsel
24252 7590 06/06/2008

OSRAM SYLVANIA INC
100 ENDICOTT STREET
DANVERS, MA 01923

06/13/2008 HDESTA2 00000033 150685 10526312

01 FC:1501 1440.00 DA
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<i>Rose Lepore-Correale</i>	(Depositor's name)
<i>Rose Lepore-Correale</i>	(Signature)
<i>06/09/2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,312	03/02/2005	Axel Bunk	03P18207	3821

TITLE OF INVENTION: INCANDESCENT LAMP WITH A CARBON CYCLE AND A HALOGEN CYCLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/08/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
HANLEY, BRITT D	2889	313-578000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

William E. Meyer

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Patent-Trehand-Gesellschaft
für elektrische Glühlampen mbH*

*Munich, Federal Republic
of Germany*

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *15-0685* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *William E. Meyer*

Date *6-9-2008*

Typed or printed name *William E. Meyer*

Registration No. *30,719*

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William E. Meyer
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Patent-Treuhand-Gesellschaft
 für elektrische Glühlampen mbH*

*Munich, Federal Republic
 of Germany*

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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Authorized Signature *William E. Meyer*
 Typed or printed name *William E. Meyer*

Date *6-9-2008*
 Registration No. *30,719*

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